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AF/1615
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In re Application of:

RYUSUKE NAKAGIRI, ET AL.

Application No.: 10/010,154

Filed: December 10, 2001

For: LIVER FUNCTION PROTECTING
OR IMPROVING AGENT

Docket No. 02139.000027

Examiner: Liliana Di Nola Baron

Group Art Unit: 1615

Date: September 17, 2004

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 22 | MINUS | ** 117 | = 0 | x \$9 \$18 | \$0.00 |
| INDEP. CLAIMS | * 10 | MINUS | *** 10 | = 0 | x \$42 \$84 | \$0.00 |
| Fee for Multiple Dependent claims \$140°/\$280 | | | | | | Previously Paid |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$0.00 |

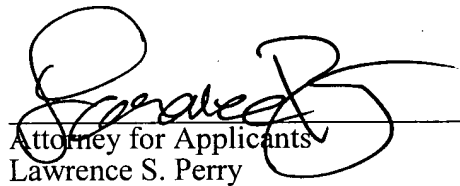
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$110.00 to cover the fee for a one month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

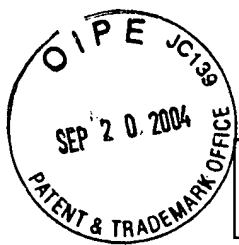


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AMENDMENT AFTER FINAL REJECTION
EXPEDITED HANDLING REQUESTED - GAU 1615

02139.000027

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|--------------------------------|---|---------------------------------|
| In re Application of: |) | |
| RYUSUKE NAKAGIRI, ET AL. |) | Examiner: Liliana Di Nola Baron |
| Application No.: 10/010,154 |) | Group Art Unit: 1615 |
| Filed: December 10, 2001 |) | |
| For: LIVER FUNCTION PROTECTING |) | |
| OR IMPROVING AGENT |) | September 17, 2004 |

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME AND AMENDMENT

Sir:

Applicants petition to extend the time for response to the Office Action dated May 19, 2004 to September 19, 2004. A check in the amount of \$110.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension in connection with this paper, and credit any overpayment, to Deposit Account 06-1205.

In response to the Office Action dated May 19, 2004 (Paper No./Mail Date 20040506), please amend the application as follows:

09/21/2004 HVUONG1 00000105 10010154

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110.00 OP